

CLAIMS ONLY						Application Number <div style="border: 1px solid black; padding: 2px; text-align: center;">10502071</div>		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Filing Date

Applicant(s)

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Total Depend	24					
Total Claims	28					

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